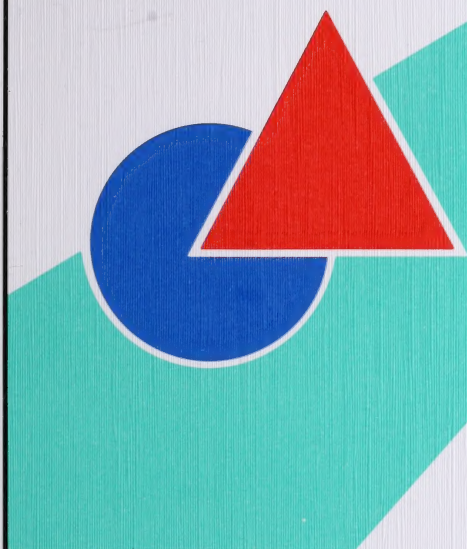


SPIRITAN LIFE



**N° 16
September
2007**

**Spiritans in Aids
and Health Ministries**

- **Editorial Board**

Anton M. Dick (English version)

Alain Mbonzima (French version)

José Ribeiro Mendes (Portuguese version)

Gaudence Mushi (Layout)

John Kwofie (Representative of General Council)

- **Translations**

John McFadden, Vincent O'Toole, James Flynn, Alain Mbonzima,
Christian Berton, Firmino Cachada and Adelio Torres Neiva

TABLE OF CONTENTS

Editorial	3
AIDS Ministry	6
<i>John Kingston</i>	
The Struggle Against AIDS – Illusions, Delusions and Vision	9
<i>Jean-Evangéliste Kazadi Katumbay</i>	
AIDS partnership with Africa (APA)	25
<i>Owen Lambert</i>	
Father, you too have AIDS	29
<i>Gerard Majella Nnamunga</i>	
Collaborating with young people in the fight against HIV/AIDS in Mozambique	33
<i>Ronan White</i>	
Spiritan charism alive ! – Health services at Usa-river Health Center, Arusha, Tanzania	42
<i>Joseph Triphon MASHAKA</i>	
Together we will overcome AIDS	46
<i>Jean-Simon NGELE EYENE</i>	

Reconciliation – A pastoral challenge	56
<i>Benedicto Sánchez Peña</i>	

The Apostolate in Traditional Medicine	63
<i>Raymond Chukwunyelugwu ARAZU</i>	

EDITORIAL

When the chronicles of this period of the world's history are written, whether now or in centuries to come, the significant impact of HIV/AIDS must surely be included, such is and will be the globally devastating effect of the virus.

Even if the headlines of newspapers and magazines may no longer be as strident as before, mention of HIV/AIDS has insinuated itself even into papal and ecclesial documents with no little consistency to the point of being ever present, just as it is in the lives of those physically afflicted by it.

Indeed, **Torre d'Aguilha 2004** tells us unequivocally: "Spiritans ministry to AIDS victims is part of our mission today. The Chapter encourages and supports confrères working in this difficult ministry". That statement posits what was initially viewed as a medical problem, squarely into the context of Spiritan JPIC commitment.

This issue of Spiritan Life highlights the ministry of some of our confrères involved in that undertaking. Not surprisingly, most of the contributors are young confrères working in Africa since on that continent they surely witness, perhaps more keenly than most, the withering effects of the pandemic on the lives of their fellow human beings. Theirs are stories of passionate, enthusiastic attempts, sometimes even impatient, at coping with the harsh reality not just describing it.

In his introduction to AIDS ministry **John Kingston** provides sound bases for a work that is faithful to the Gospel and the Spiritan charism. **Owen Lambert** too relies heavily on scriptural underpinnings in outlining how AIDS partnership with Africa (Ireland based) provides empowerment and solidarity in the struggle with 'the harvest of AIDS'.

With the passion of a young prophet in the heat of the action, striving to be 'ever faithful to the ideals of Libermann', **Jean-Evangéliste Kazadi Katumbay** shares his dream that the Church's influence in Gabon will increase with greater vision and bolder leadership in the struggle against AIDS. From nearby in the Central African Republic, **Jean Simon Pierre Ngele Eyene**, in presenting the specifically Spiritan undertakings in the country among widows and orphans, victims of AIDS, yearns for more necessary support from state and international organizations.

Gerard Majella Nnamunga gives us a taste of how a parish in Uganda encounters the threat of AIDS in a very practical way by community involvement and participation using even drama to achieve its ends. In a far more structured way, **Ronan White**, a young Irish brother, is playing his part in the struggle through the youth commission's programme in Nampula, Mozambique. The focus there is on stimulating greater awareness and providing education towards bringing about behavioural change and an authentic Christian response to the situation.

Perhaps the most concrete initiative of all the offerings comes from Arusha in Tanzania where **Joseph Triphon-Mashaka** describes the operations of a health centre which started as a humble parish dispensary and has blossomed into a 24-hour facility with a programme catering for AIDS victims known by the acronym 'DREAM'. Joseph's perspective is that this service is admirably fulfilling our Spiritan charism.

For good measure, three additional 'health' articles are included, making us aware of yet further ways in which some confrères are involved in the healing of the world. **John B. Doyle** writing from Rostock (Germany), provides a very personal and interesting insight into a hospital chaplain's not-so-ordinary situation in a post-communist society. From a most unexpected quarter, post-war Angola, **Benedicto Sánchez Peña** relates how his initial ministry of reconciliation among the police officers and the military, to whom he is speaking directly in his offering, blossomed into a ministry of healing of the 'scars of war'. Those wounds that were soon understood to be not only physical but spiritual and mental too, slowly healed through a process of forgiveness, dialogue and

reconciliation. Finally, there is **Raymond Arazu** from his wealth of experience, shedding new light on traditional medicine as it is practised in his native Nigeria, for he himself is a practitioner! With him we explore a world of healing that is still unknown to many.

In particular, the various responses of our young confrères to the crisis of HIV/AIDS ought to engender in us some justifiable pride. Through them our Congregation finds itself still, just as at the very beginnings with both Poullart des Places and Libermann, involved in the amelioration of the situation of those in society who are rejected and poor, for so indeed are most AIDS victims. If ever there was a place where the Church has difficulty in finding workers, this is it.

The Editorial Board

AIDS MINISTRY

John KINGSTON

If Poullart des Places and Libermann associated so closely with the rejected and the downtrodden of their day, as did Laval, then surely we Spiritans must go wholeheartedly to the help of the most rejected of our day, especially those afflicted with HIV-AIDS.

We can find many excuses for doing nothing, telling ourselves that we are apostles not health workers, preachers not healers. In a kind of fundamentalist understanding of ministry we may try to dodge the radical insistence of the Gospel and its central figure.

It seems unthinkable that some people excuse themselves from helping AIDS victims, orphans etc., because they see this disease as resulting from immoral behaviour. The Good Samaritan did not start an inquiry to know if the man lying on the road, having been beaten up by people who had since gone away, had been beaten up with good reason or because he had first attacked the others. The Good Samaritan asked no questions but responded to the situation that presented itself, a fellow human being in great affliction. Like our Lord and Saviour, we are here to save, not to condemn.

We have plenty from Jesus on this question. In his day anybody who was ill was considered to be a sinner. Faced with a man born blind (Jn. 9, 1-3) Jesus had a revealing dialogue with those around him. 'Rabbi, who sinned, this man or his parents, that he should have been born blind?' 'Neither he nor his parents sinned,' Jesus answered, 'he was born blind so that the works of God might be revealed in him'. Jesus cured the man and a long dispute followed. Obviously Jesus gave the man a lot more than his physical sight. Part of the man's liberation was a great change in his status in society which the local 'authorities' found it hard to accept in their blindness. The man's faith is another great gift he received. When Jesus was accused of eating with sinners his reply was a

categorical declaration of his commitment: 'It is not those who are well who need the doctor, but the sick. I have come to call not the upright but sinners to repentance'. He cured all sorts of unlikely people such as the centurion's servant (Lk. 7, 1-10). When John the Baptist sent messengers with the question 'Are you the one who is to come or are we to expect someone else?' Jesus gave the following answer as proof of who he was: (Lk. 7, 22-23) 'Go back and tell John what you have seen and heard: the blind see again, the lame walk' etc. Jesus did frequent cures on the Sabbath which raised the level of contention but underlined how important he considered this ministry.

Jesus found that many of Israel's laws were of minor importance when it came to healing. Healing for him was not optional, it had to be done.

Now it happened that on a Sabbath day he had gone to share a meal in the house of one of the leading Pharisees; and they watched him closely. Now, there in front of him was a man with dropsy, and Jesus addressed the lawyers and Pharisees with the words, 'Is it against the law to cure someone on the Sabbath or not?' But they remained silent, so he took the man and cured him and sent him away. Then he said to them, 'which of you here, if his son falls into a well, or his ox, will he not pull him out on a Sabbath day without hesitation?'

In the many situations of healing all kinds of people and where his actions were questioned by lawyers and Pharisees, the position of Jesus with regard to healing becomes quite clear. His objective is to heal not to condemn. He looks forward rather than backwards. He looks towards what this person before him can become, with healing grace and faith. Sinners and sick people feel at ease in his presence. He heals first and increases their faith. Later he gives his recommendations for the future. 'Go'. He sees every sick person or sinner as an opportunity to offer his love and exercise his saving ministry. The basis for an unconditional commitment to healing the sick is not some oblique quotation with a shaky interpretation. It is in fact a solid body of action which because of the opposition he encountered has been amply explained and clarified by Jesus. We are not inventing why it is imperative to work hard at helping people

affected by HIV-AIDS. It is very clear that such work has to be how we preach the Gospel today. The multitudes of people crying out for love and care are the invitation to incarnate the love of Jesus today. If we still have doubts about the importance of our response let us read again St. Matthew's last judgement in chapter 25. 'I was sick and and..'.
 to come to us we to expect someone else? Jesus is

Jesus' way of doing things is what we say is our main inspiration in our Rule of Life in a text we so frequently and proudly quote Luke 4:18-19). We present this as our charter and road-map and of course we could not choose finer words to announce what we ideally think of ourselves as doing to further the coming of the Kingdom. Let us remember then that in Scripture and in our Spiritan tradition the whole thrust is that caring for the victims of HIV-AIDS is very much our business. Doing this work now is our way of being faithful to the Gospel and to the Spiritan charism.

John Kingston

General Councillor, Rome

cssp4asg@pcn.net

The Struggle Against AIDS – Illusions, Delusions and Vision

Jean-Evangéliste Kazadi KATUMBAY

The present superior of Gabon-Equatorial Guinea Region (Central African Province), Fr. Jean-Evangéliste Kazadi KATUMBAY, is the Coordinator in Gabon of the Church Network for the Struggle against AIDS, and is thus very much involved in the fight against it. He is equally committed at the level of the sub-region of central Africa. He gives us here his reflections on a pandemic that is much more than just a health problem, one in which many other factors play a role which can challenge our own convictions.

It was after attending a conference in 2000 entitled “The Impact and Ramifications of HIV/AIDS on Development in Sub-Saharan Africa” that I decided to get involved in this work. For me, at that time, the struggle against AIDS meant raising awareness of this pandemic among peoples who were most at risk from it. I thought it was enough to inform people about the disastrous effects the disease can have in order to help them adopt a less risky lifestyle.

Highly motivated and convinced of the evangelical value of the struggle I was entering into, I helped organise an international colloquium in May 2001 on HIV/AIDS under the auspices of ACERAC and the Archdiocese of Libreville. With the technical and strategic support of OMS, ONUSIDA, ACDI and the International Centre for Projects Management of Montreal, this meeting gathered together the key players in the fight against AIDS in central Africa: bishops, government representatives of the sub-region, national programme representatives, development partners, doctors,

researchers, traditional practitioners and international experts from Canada, Europe and West Africa.

The aim of this meeting was to set up a regional and multi-disciplinary "network" between the different groups involved in the struggle against AIDS, which would study the facts of the situation, centralise and send out useful information, channel and co-ordinate the energies, and promote the best methods with which to respond to this worldwide pandemic that is having such a devastating effect in Black Africa especially.

The Colloquium itself was without doubt a success. The President of the Republic of Gabon with his wife and several government members attended the opening ceremony and the Prime Minister was there for its closure. Two weeks after the Colloquium, the Gabonese government created a "Therapeutic Solidarity Fund" to allow the poorest almost free access to antiretro-viral drugs. Since then, at least in Gabon, the cost of medicines has dropped and many people can get the trio of drugs needed.

The discussions during the Colloquium were open to diverse views and opinions. Medical personnel present did not hesitate to point out to the bishops that the use of condoms was indispensable for those who do not follow the moral teaching of the Church and even to those who, despite their religious convictions, are unable to control their sexual urges.

The bishops themselves did not hold back from pointing out to the medical profession the teaching of the Church and the limits of some of the methods promoted by international organisations. Each group remained firm in its convictions not wanting to betray the thinking of its leaders.

After some long and stormy discussions as well as some mutually enriching exchanges, we were able to reach a compromise. We decided that instead of mutual rejection based on our different points of view, we would work together on what we agreed about. The Gabonese Minister for Health at the time, Faustin Boukoubi, who was a member of the panel, proposed to each group a

“constructive silence” as a basic approach for all concerned in this struggle.

In his view, even if you did not agree with someone else, you could at least tolerate or respect their opinions, and work together in certain aims or projects. In a Church which promotes ecumenism (“unity in diversity”), this proposal calmed the situation considerably.

At the end of the Colloquium, the bishops set up a mechanism in the sub-region- ‘ACERAC SIDA’ and signed a declaration committing the local Churches to the struggle against AIDS.

The idea of a formal, multi-disciplinary network in the sub-region was not adopted explicitly by the participants because of questions of mandate, legitimacy, authority and finance like the following:

- the high-ranking officials present could not commit the countries they represented without referring to their supervisors and getting their agreement;
- what would be the scope of such a network in practice and how would it relate to structures already in existence in some countries?
- what authority would it have to decide on the best policies to adopt in combating AIDS?
- what would be the status of such an organisation: state, parastatal, civil?
- who would organise the whole thing?
- who would finance it?

In my position as principal Co-Ordinator of the Colloquium, I could clearly see the lines of influence, the financial, geopolitical and strategic realities which lie behind international commitments – even those considered to be of a humanitarian nature. I was also able to understand better the whole array of factors which paralyse and frustrate any effort at development in African countries. I realised clearly as well that the themes chosen for such conferences, the issues raised and the orientations adopted, had been difficult because of pressure coming from different sponsors and the invisible influence of pharmaceutical companies which they represented without openly saying so.

As a religious, I felt conscience bound to defend the Church in an objective way without excluding other points of view. The Colloquium was a place for as much dialogue as possible and an opportunity to fill up the gaps in our knowledge. Each word had to be weighed and measured so as to avoid careless misunderstandings of an ideological or political nature between the different groups present. We also had to be sensitive to the situations in some countries, because in preparing for the Colloquium it became apparent that there were problems of the management of human and medical resources and of organisation and planning. This had to be referred to very discreetly. The "prophetic" approach thus gave way to the "diplomatic" one. It is good to tell the truth, but I learned that it must be done in an acceptable way.

After the Colloquium my basic convictions did not change. The first apparent "success" recorded on the occasion of the Colloquium pleased and encouraged me. I was convinced that the Church could do "something" almost magical to reduce the impact of HIV/AIDS. Clearly, I am not working alone. I have with me a group of very active lay volunteers to help. Furthermore, I have the unfailing support of the Church authorities in the person of the Archbishop of Libreville, who is equally convinced that something can be done to combat AIDS.

Since the Colloquium, we have organised awareness programmes in parishes, schools, groups and supermarkets with support from some embassies. In agreement with the Archbishop of Libreville we have even put together a "prayer for the struggle against AIDS" which is recited in all the parishes at the time of the Prayer of the Faithful; it was agreed upon after a national seminar on the topic. On the World Day for the Struggle against AIDS the Archbishop also publishes some pastoral reflections which are read and discussed in all the parishes. One of our confrères, Fr. Innocent Nzemba, has written some plays which are acted by a group of young people and they have had much success. Two other confreres who are very involved in community development projects, Eves Sylvestre and Martin Alegbemi, offer information on HIV/AIDS in their respective treatment centres. In partnership with the "Regional Initiative for

the Struggle against AIDS” of the Ecumenical Council of Churches (ECC), based in Kinshasa, we have arranged many activities for the teachers of future priests, pastors, women and community and religious leaders. We have edited a booklet to help preachers avoid making harmful interpretations of scriptural passages relating to sickness, especially those involving any “divine sanction”. With the support of the ECC we have organised various activities in Cameroun, Central Africa and Brazzaville.

Are we therefore satisfied with all these activities which are going on with very little means at our disposal ? The reply to this is very much shaped by the following factors.

1. The failure to reduce the level of infection, difficulties in access to the HIV test, the shame attached to admitting being HIV positive

When we began the awareness programme in the churches, some international organisations told us that the Church’s influence on its members could contribute to a reduction in the pandemic. At first however, there was a lot of reluctance in Church circles to talk about it, even among some religious, because many thought the whole question boiled down to the use of condoms. Since that time though, the socio-cultural and theological barriers have fallen down and priests, male and female religious and catechists speak about AIDS directly and openly.

Under the influence of the Archbishop of Libreville, Mgr. Basil Mve Engone, all the other dioceses have now taken up the challenge: AIDS is no longer a taboo subject. I would still say though, that AIDS/HIV does not receive the same attention as malaria or some kinds of ‘flu. For someone to be HIV positive is still something shameful. Somewhere in the collective unconscious, sex and HIV/AIDS are always associated, and in so far as many matters pertaining to sex have some element of shame attached to them, HIV/AIDS remains a thorny problem.

To say that you are HIV positive in our context is still taboo. I do not know of any high-profile person in politics or in the Church in central

Africa who has admitted to being HIV positive. All of a sudden the masses hesitate. There is no-one courageous enough to help us put HIV/AIDS on the same plane in the popular imagination as other sicknesses like malaria and 'flu. Despite all the awareness raising done in the central African sub-region, I am always surprised by the large number of people in many of our Churches who do not know whether they are HIV positive or not.

We may have succeeded in talking more about AIDS, but we have not been able to reduce the spread of the infection; it is surprising to us that each year the number of infected persons increases. This does rather conflict with other rates for teenage pregnancies, abortions (legal and illegal) and rape which have not fallen.

In the context where new infections are essentially linked to sexual practices, this continued growth in the figures indicates clearly that there is still a need for evangelisation, education and information in the sexual domain.

There need to be some advanced studies done in sexology so that we can offer to our Church members a way of life that takes into account their environment and socio-anthropological situation. It is not a question of blindly adopting local practices, but of setting up an evangelical and pastoral approach which embraces all who are affected by and infected with HIV/AIDS. A pastoral approach which only takes account of canon law and excludes people who do not conform to eternally established moral norms, excommunicates and fragments the Church in the long term.

I am not pushing for a moral or religious liberalism; I want to suggest rather an accompaniment of individuals in their journey and growth to maturity that is both spiritual and human.

2. The failure to recognise the true socio-cultural and economic factors in the rapid spread of HIV/AIDS

Is it enough just to ask people to change for the sake of changing?
Is it enough to remind people that they are risking death unless

they change their life-style? Is the instinct for survival stronger than the socio-cultural factors which condition peoples' outlook on life? These questions make me think of another one of a different kind: is it enough to say to people that Jesus Christ is Lord and Saviour of the world in the hope that he becomes for them the keystone on which they can build their lives ?

I am beginning to feel that information and awareness raising is not enough to defeat HIV/AIDS. Adopting a more responsible life-style comes from better **education**. More than just imparting facts, education also implies the use of rites, myths, symbolism, values and reference to a transcendental dimension. Education is a global and multi-dimensional phenomenon. To be effective it must be **one** in its inspiration and **multiple** in its realisation; it takes into account the many dimensions and expressions of humanity, including visible and invisible elements – both the tip and the main body of the iceberg.

If in certain cultures it is thought that death, even a violent death, is preferable to domination and slavery, you would need to ask yourself, without prejudice, what is the place which **pleasure** has in the collective imagination. The desire for pleasure may be stronger than the instinct to survival in some circumstances. To achieve a well-balanced life, there is perhaps need for a study of a **psycho-therapeutic** and **socio-spiritual** kind to be carried out on fantasies, dreams, desires, pleasure, strength and power, virility, sexually-specific differences and so on.

This educational approach convinces me that the struggle against HIV/AIDS should not be concerned only with how it is transmitted or how you can protect yourself against it. AIDS is not only a health problem, for it touches upon a whole set of elements which influence every dimension of our lives, both individual and collective.

3. The limits of non-governmental organisations' efforts

Any human organisation is made up of people who arrange activities in view of a pre-determined set of aims and objects. "The

struggle against AIDS" is a vague and vast concept which in truth means nothing. AIDS is a multi-faceted phenomenon which impinges upon so many other areas: the medical infrastructures, the caring professions, the need for counselling services, the media and their methods of reporting, schools and universities, the types of treatment, the care of infected persons, the effects of the shame which it brings, the realities of economic poverty, national screening policies and access to care; it affects the lives of religious leaders, orphans with their intractable problems, infected people who need to be followed up to prevent further spread of infection and resistance to drugs, the mental well-being of those infected and affected by it. The ramifications of the effects of HIV/AIDS are indeed all-pervasive and multifarious.

My own experience in the struggle against HIV/AIDS convinces me that unless these efforts are not informed by a **global vision** involving community and political leaders and opinion-formers, with all the human and financial resources necessary, in a healthily collaborative atmosphere and under the clear direction of the state, **they will achieve nothing.**

I am always a bit worried that if the Embassies of certain western countries or international organisations did not exist, many NGOs who are dedicated to fighting AIDS or POVERTY in Africa would not function. African countries do not know how to give financial support to such associations so that they can function professionally and efficiently.

I am more and more convinced that only the State, with credibility and determination, with all the means at its disposal, can struggle against the **mental and social dysfunction** of which the symptoms are AIDS, POVERTY, and INSECURITY. The projects of the NGOs, often badly co-ordinated, in so far as they conform to the aims determined by the sponsors, are often just stop-gap measures.

4. The political dimension of the AIDS phenomenon

A seminar was organised for young girls of 15 to 18 years at Libreville, with the aim of getting them to refrain from sexual

intercourse before marriage, and above all to encourage them not to get involved in sexual relations with older men. 45 girls out of 50 openly refused our proposal to them to form "abstinence clubs".

The girls told us that they saw this clearly as an ideal at which to aim at but impossible in their current situation. Most of the girls were from poor families and they depended on these older men (whom they never love but play around with), to help them survive; their poverty justified them in having numerous sexual partners – a rich man for the money and a young man of their own age for emotional satisfaction.

Can one really talk about AIDS without mentioning poverty as well ? But then again, can one speak of poverty in a sub-region that is overflowing with petrol, wood, gold, diamonds, manganese, with plenty of rain and fresh water, and seas with abundant stocks of fish? All this to say nothing of the structural causes of poverty.

Can one, without embarrassment, speak about access to medicines when those which are bought by the State do not reach the hospitals but end up in privately-owned pharmacies?

When you begin to reflect on these things and try to work out what is best to combat the spread of HIV/AIDS, you cannot go forward without analysing the causes of poverty, the malfunctioning of the hospitals, the inefficiency of public services and the mismanagement of public resources devoted to health, education and food production.

A type of analysis like this has a political dimension and is potentially destabilising for the powers that be. Until the contrary is proved, no absolute power likes its administrative structures to be questioned.

In order to avoid a confrontation with the all-powerful State and its oppressive administrative machine, the Churches, the international inter-state systems and the NGOs manage with less politically risky policies such as giving information to the masses, raising awareness of the means of transmission of the virus, the means of prevention, the psycho-spiritual care of those infected and affected by HIV/AIDS, and the reduction in the price of medicines and treatment. This latter is only to avoid a revolt by the masses who are more and more informed about the vast amounts of money

circulating around the world. Some associations, with the support of the WFP (World Food Programme), distribute food from goodness knows where, without asking the most important question: "Are we not able to produce enough food locally to satisfy all?"

Nevertheless, the different activities cited above calm consciences and those involved feel they are being faithful to the message of Jesus Christ who said: "...as often as you did this to one of the little ones, you did it to me".

5. The financial stakes in the struggle against HIV/AIDS

AIDS is not just a health problem. Health itself involves huge financial resources. Behind each medical authorisation or prescription, there is often the hidden hand of one or more of the pharmaceutical companies. These are not philanthropic enterprises which seek to "save" the world. They exist to make a profit, in Africa or elsewhere. Besides medicines for those who are already HIV positive, there are all the others for those already suffering from the effects of the virus. To this, we need to add laboratory tests to determine the CD4 and others which affect access to anti-retroviral drugs.

Condoms constitute another profitable product. Some people in the press have claimed that Pope John Paul II, of happy memory, never even pronounced this word in all his talks. Whether this was out of suspicion or prudence no-one can say.

Those who promote the use of the condom present it as something sold all over the world and is seen as indispensable for the following people:

- those who judge that they cannot control themselves when under sexual tension;
- those who indulge in extra-marital sexual relations;
- those who have sex with an infected person;
- those who want to avoid pregnancy or catching a sexually transmitted disease through risky sexual practices ("normal or abnormal", "natural or artificial")

- those who do not keep or only partially observe the Churches teachings on sex and love.

The Church does not accept condom use in any of the above situations; its mission is to promote a culture of responsibility and respect for life. Faced with the reality of the current epidemic however, there are some voices within the Church calling for a less radical interpretation of the its teaching (in France, Canada, Mauritius etc). They ask for an approach which takes into account the situation of the human person, not as he ought to be, but as he is from day to day, forming his personality in a world full of pitfalls. This is a continuing debate.

Since it is a public health issue, companies selling condoms have access to free publicity organised by States and organisations. Their business can only increase. Any talk against the condom is a serious blow to their annual turnover. If any of us were business men, who among us would agree to a publicity which would cast doubt on the safety of our products ?

Each one tends to defend his own interests and vision of the world. Each person has his view on the condom depending on his own moral, political, cultural and religious outlook and his understanding of the human person, both now and in the future.

It is not enough just to say "no" to condom use. We need to present to people of our times a vision of the world, of life and of God, which lifts them up, transforms them and gives them joy. Jesus says to us: "I have come that you may have life in abundance" (Jn.10:10). When someone gives up smoking, they often take up a regular sporting activity to restore their mental balance which has been disturbed by a sudden cessation in what was an instinctive habit.

6. The limited influence of an inefficient and disorganised Church

I notice with pain and incomprehension that our Church is totally absent from the places where the big decisions which affect the world are taken. The African Church plays no part in the African Union, NEPAD, *la Francophonie* or the Commonwealth; its voice is

enclosed in its churches and chapels where only the already committed are found. When its voice is raised, it is often on the defensive. Pastoral Letters frequently denounce bad governance in Africa, but do we need to wait for this to happen before it is condemned? Is it not better to act beforehand to get rid of the culture of corruption and appropriation of public resources and to play a role in creating a better society?

How is it that the statements of Amnesty International or Transparency International are transmitted more by the media than those of the Church? Is there not a problem of **organisation, of communication, of method and of professionalism** in the way the Church relates to the outside world?

To say yes to the condom, without hesitation or question, is not enough either. What can you say to children of twelve whose sexual knowledge is informed by television and the wide circulation of pornographic magazines, compact discs and so on – use a condom? practise self-control? channel your sex drive? enjoy yourself as much as you want ?

Are the local Churches and congregations able to speak with a single voice to the political and economic powers of the world (governments, IMF, World Bank, multi-national companies, international organisations, opinion-formers etc..)? Can we as an Organisation put pressure on the pharmaceutical companies to reduce the price of antiretroviral drugs?

How can it be justified that the Church plays no part in creating syllabuses for schools in Africa? Do we not know that those who have control of these things in schools and universities, also control the future of a people and of a nation ?

7. The failure of civil society to get involved

HIV/AIDS, like NEPAD or the AFRICAN UNION, does not have a high profile in society. The struggle against AIDS is still tackled in a pyramidal way: the experts tell us what is good, they get some

members in civil society to approve their approach, and in the field people go out and tell others what they have to do if they do not want to disappear off the face of the earth.

This method will not lead to anything. The mission of the funding agencies does not have to consist in the definition of activities in function of their own reading of local realities. The work of the experts should only be to supervise. So that people on the ground can make the programmes their own, activities should be conceived, planned and carried out only by those benefiting from them. Academic programmes in schools have shown us clearly that pupils only come to owning their knowledge by means of a long process, during which they study subjects progressively and bit by bit integrate them into their way of thinking and seeing the reality around them.

It is very strange, however, that those who have studied to take up a position in Public Service or in any other enterprise, seem to forget what they have learned as soon as they get the job.

8. The lack of vision and leadership in the continent

The greatest evil from which Africa is suffering today is the lack of leaders of calibre who are not involved in politics, men and women who are known for their integrity, who do not need to shout down a microphone but who are heard in the four corners of the world.

Africa is lacking badly in such men and women who are capable of doing something and getting people going, who are not enslaved by love of money, but who know how to use it and its power for the well-being of all.

Africa has not yet had its MOTHER TERESAS, Martin Luther KINGS, GANDHIS or MALULAS. Men and women who are neither guerrillas or slave-drivers, who refuse to betray their own consciences, because they are enlightened by a desire for something greater. Men and women you would like to listen to, even when you might not agree with them, because they always speak the truth. Men and

women who know how to channel our creative energies as well as our destructive ones in a positive way.

MY PRESENT VISION AND CONVICTIONS

- HIV/AIDS is more than a question of sexuality and/or health; it is a problem which encompasses all human dimensions;
- HIV/AIDS is a continual reminder of the important place which sexuality has in human behaviour;
- There is no need to multiply the number of groups fighting HIV/AIDS – the best thing to be done is to create structures which deal with all matters pertaining to good health;
- if we need to adopt so many means and strategies to struggle against HIV/AIDS, and if in this one single area of human life, it is also very difficult to get people to adopt a different lifestyle and change their sexual behaviour, I hesitate to think of the immensity of the human efforts and strategies needed to fight corruption, disease, bad governance, the abuse of human rights;
- to be effective, the Church in Africa must unite all its meagre human, financial, strategic and communication resources in a dynamic project of community development on a continental basis;
- at a time when people speak of African Union, it would be desirable, if only for reasons of effectiveness, for the Church to go forward more quickly than African states, and join all the episcopal conferences into a single multi-lingual one. This would be a serious force to be reckoned with and one which would be in a position to challenge international institutions;
- the media occupy a privileged place in the struggle against AIDS. Instead of multiplying diocesan radio and television stations, it is time that the African Church invested in a trans-national, continent-wide system – a multi-lingual radio and television service, with some internet sites on particular themes, at the service of the Good News and of good news about Africa;
- success in identifying the complex causes of Africa's problems (AIDS, poverty, disease, illiteracy, corruption, the arms trade) will of necessity concern the setting up of an organisation whose vision, objectives and activities are clearly defined and made public, one which is recognised by the State authorities, whose members have

mastered their subject with the help of specialists and studies and analyses based on solid research, with a fixed organisational structure co-ordinating all the efforts of the different agents involved, a wide diffusion of available information, with consultation of the masses before even approaching the decision-makers, one with a wide networking system;

In this scenario, there would need to be the minimum of professionalism on the part of any religious congregation involved in such great humanitarian struggles. Anyone working on their own would not get very far. With regard to the multiple challenges facing Africa, each international or diocesan congregation could, in tandem with others obviously, concentrate on one or two specific problems. This does not mean of course that every member of a given congregation must only work in that chosen sector. While engaged in other pastoral activities, the members of a religious congregation could voluntarily support their General Council and some confreres mandated for the specific cause chosen for the improvement of the integral well-being of the human person.

In the logic of the so-called "international community", a petition signed by three thousand Spiritans and ten thousand lay people associated with Spiritans around the world, would carry a lot of weight. And if the media were to be involved the beneficial results of the petition would be even more widely extended. Consumer and ecological associations have proven to us that, little by little, the more a subject is talked about, even people with deaf ears give way and under pressure, agree to go part of the way together.

I would like to dream that one day, our congregation, together with other physical or moral bodies, could create some international and intercultural communities that would be "beacons of light" in the heart of the great cities of the world (Kinshasa, Lagos, Nairobi, Paris, London, Pittsburgh, Brussels, Johannesburg). These communities, with the support of all the confreres, would really be socio-economic, cultural and political experiments, able to overcome the pervading sense of futility and mobilise all the human and strategic resources which are plentiful in Africa and other countries which are ironically designated as "poor and highly

indebted". Will the day come when we will be able to understand how such a debt has been built up ?

We have no excuses to justify our silence concerning the big questions and the great challenges facing us in the future. We have a religious, intellectual and cultural heritage, a communications network, and properties in many large cities of the world - more than what some humanitarian organisations have. These are major assets giving us an advantage over the international community and allowing us to have a better organisation, a higher visibility and many contacts around the world. New technologies are now helping us even more to be faithful to the ideas of Fr. Libermann.

If some of the elements cited above are not taken into account in our approach to the struggle against AIDS, I fear that our efforts will be in vain. May Africa FIND the men and women who will inspire confidence and hope by their conviction, their determination, their conscientiousness and their far-sightedness.

Jean Kazadi Katumbay
muazadi@yahoo.fr

AIDS PARTNERSHIP WITH AFRICA (APA)

Owen LAMBERT

A member of the Irish Province, Owen was ordained in 1973. He was appointed to Ethiopia where he has been engaged in pastoral, ecumenical and development work. Owen has been responsible for the work of Aids Partnership with Africa (APA), a charitable organisation entirely focused on those with or affected by AIDS in Africa. APA aims to promote a broad-spectrum response to AIDS, integrating prevention and care as top priorities. Owen has also been facilitating the EAP in their response to the AIDS crisis and foresees APA developing programmes with the EAP.

From a personal standpoint he shares his experience and vision of APA.

'I have come that they may have life and have it in abundance.' Our faith and our many Spiritan missions and ministries flow from this and bear witness to protecting, caring for and nourishing life, the life of every person and all peoples. We are called to be advocates of this, voices for the voiceless and hope for the overburdened in an era of so much marginalization and exclusion of huge numbers of our brothers and sisters.

Bagamoyo was where the Spiritans began the East Africa mission. The place of the first Mass on the sea front there is marked by a memorial cross. Slavery was challenged immediately, a village of freed slaves grew up and the first hospital in East Africa was opened by the Spiritans in the town. The cemetery holds the graves of the many missionaries who died so young, sometimes within a few years or even months of their arrival.

In February I was in Bagamoyo attending the District Council meeting discussing how the EAP-facilitated project on HIV/AIDS was going and hearing councillors' reports on the AIDS situation. It was the Council's District Planning Officer who spoke at length on how 'it is clear to everyone now that AIDS is reaping its harvest, so many of our people are dying'

What AIDS is really doing in Africa we are not yet very awake to – even African people themselves are only now beginning to realize the impact and devastating consequences of 'the harvest of AIDS'. It was the same with slavery, colonization, resource exploitation, rights of women and child rights. It is inspiring to find so many African Spiritans responding, being there in solidarity with and sharing the enormous burdens of pain together with their people.

The Bishop of Zanzibar, Augustine Shao CSSp, discerning the rising impact of AIDS, has been leading and promoting an all inclusive response to the pandemic and invited us to work with him to address the pandemic in an all inclusive way. This unique approach has got the politicians, civil society, Muslims, Christians, farmers, fishermen and all others together over the past 3 years for joint training, establishing coordinating committees, action planning, education for prevention and care of the orphans. The resulting outcome is that over half of the one million people are now highly sensitized to the AIDS pandemic; fear and discrimination are diminishing, the means of prevention known and HBC of the ill widespread. Associations of people living with AIDS are developing. And Bishop Augustine is tirelessly promoting the expansion of the project to target the entire population [95% are Muslim] of the Zanzibar Islands and participating in high level meetings with government ministers, UNAIDS and Religious Leaders.

The EAP Spiritan house at Mbezi in the Kinondoni district of Dar es Salaam is the location of the main coordinating office of the AIDS Prevention and Care project now covering all of Kinondoni and Bagamoyo districts in the same way as for Zanzibar. The EAP leadership is urging the two NGO partners CVM and APA to facilitate expanding 'The HIV/AIDS Prevention and Care Project' to the

Massai population in the Kilimanjaro Region who are hugely at risk due to the rising levels of infection being recorded among them.

No effort should be spared or opportunity missed by Spiritans to be there where the toll on human life and suffering is so enormous, and leadership everywhere must stimulate awareness and advocate an immediate and adequate response to the AIDS pandemic. The Spiritan publication "OUTLOOK" (Ireland) frequently carries articles, information and messages on the AIDS pandemic and challenging the public, church and government response to the disaster.

The mission of AIDS PARTNERSHIP with AFRICA [APA] is to establish the maximum solidarity between the people of Ireland and Africa in coping with AIDS. The toll on human life and suffering due to HIV/AIDS is already far too enormous. The traditional coping mechanism can't absorb anymore. APA, from its centre at Kimmage Manor, has established outreaches to improve awareness and gain support among the public in Ireland together with Irish Aid. APA has also formed a consortium agreement to work closely with CVM, an Italian NGO to maximize impact response and resource management on the ground.

Both organizations promote a multi-sectoral and multi-dimensional response to the pandemic, indicating respect and responsible behaviour as the key elements to prevention and care. They identify their role as that of facilitating and enabling the people, local leadership [civil and religious] and institutions [dioceses, EAP etc...] to develop local responses to the pandemic.

The breakdown of fear and discrimination and the transforming of these negative attitudes into the positive values of family and community care for persons living with AIDS and support for the orphans is a vital ministry. This ministry is home ground for all the religious institutions - Christian and Muslim and Congregations who can provide inspirational leadership and role models in the exercise of their vital charism. To realize this ministry the Catholic, Muslim, Orthodox, Protestant leaders and the Traditional Healers have been trained in large numbers by the CVM - APA project. The impact of these trained leaders in dioceses, parishes and among

the Muslim communities in Ethiopia and Tanzania has been enormous. It has also realized joint action planning, the implementation of activities together and the participation on coordinating committees to consolidate and maximize efforts. APA and CVM insist on maximum involvement of Christians and Muslims.

Spiritans located in areas affected by the AIDS pandemic should be in the forefront in their parishes, schools and social activities in initiating joint responses and join efforts at very local level everywhere to alleviate fears, combat discrimination and be advocates for the rights of persons

Libermann promoted solidarity with and empowerment of the people at a time when the scramble was to conquer, enslave and control the resources of Africa. These times see history repeating itself, even if disguised in the shape of multinationals, unfair trade, debt burdens and limited access to resources.

And even with a staggering 14,000,000 children now orphaned and more than 8,000 people dying each day in Africa, many of our generation wonder if they have any obligation! Leaders too in many countries of Africa are far removed from and too little engaged with the impoverished conditions of vast numbers of their people.

And Spiritans 'sent to bring good news to the poor, to set the down trodden free....' by being deeply committed to the dignity and value of every life, bear an essential message to this generation, exercising a necessary impact on its conscience and a challenge to its values, even if we be but 'bruised reeds' or 'smouldering flames', because 'I have sent youand you will be my witnesses'.

Owen LAMBERT

'FATHER, YOU TOO HAVE HIV/AIDS'

Gerard Majella NNAMUNGA

Uganda born, Gerard Majella made his first profession in the Congregation in 1984 and was ordained in 1988. He is a former Provincial of the East African Province. Currently pursuing doctoral studies, he assists at the same time at the Centre for Spiritan Studies at Duquesne University, Pittsburgh, USA. Before moving to the USA in August 2006, he worked as parish priest at Mulago Catholic Parish on the outskirts of Kampala city, the capital of Uganda for four years.

In this article Gerard Majella narrates his experience of working with people living with HIV/AIDS and the challenges which this ministry presents. Although, the percentage of the people living with the disease in Uganda has substantially decreased (from 25% to 6%), among the major challenges facing the country is complacency and caring for those infected and affected by the disease. Mulago Parish has responded to this challenge by forming a drama group that is now sensitising the young ones about the dangers of HIV/AIDS.

'I have come in order that you might have life – life in its fullness.' (Jn 10:10). Jesus challenges us to participate in his life giving mission and to see to it that the gift of life is lived by all people in its fullness.

The gift of life is threatened by the HIV/AIDS pandemic. I would like to narrate my experience drawn from four years of pastoral ministry at Mulago Parish, Uganda. I have anointed many people dying of HIV/AIDS, seen many living with the disease and many more affected by the disease.

Uganda has enjoyed the International lime-light for its success in fighting the HIV/AIDS pandemic. The rate of people living with HIV/AIDS in Uganda has dropped from over 20% ten years ago, to 6.5%. Despite this remarkable achievement, many Ugandans are becoming complacent. Many Ugandans are living with the disease and many have died since the first cases of HIV/AIDS were diagnosed in the early 80's and many have left behind children who need assistance. Many infants are infected through their mothers before, during or after birth. As the epidemic problem intensifies in Uganda, the issue of care and support for infected and affected individuals and prevention of HIV/AIDS transmission to those not infected becomes ever more critical and urgent.

As soon as I came to Mulago Parish, I started off with a house to house visitation. It was a learning experience. I discovered that many of my parishioners were very poor, many were bed ridden living with HIV/AIDS and above all, there were many children orphaned by the same disease. I saw many grandmothers in the twilight of their life taking care of their grandchildren orphaned by HIV/AIDS.

Our approach to this problem was twofold: first, to take care of their spiritual needs, i.e. to make sure that they receive the sacraments and second, to provide social and material support. I will dwell on the latter. In order to provide social and material support, we started a project at Mulago Parish which would focus on people living with HIV/AIDS and those affected by it i.e. orphans, widows, grandparents.

Our first exercise was to register those living with HIV/AIDS. 175 people, who claimed to be HIV positive turned up for registration. Out of these, our tests proved that 15 were HIV negative. We thought that these people would have been pleased to be told the 'good news' that they are HIV negative. To our surprise they were not because this meant that they would not get 'free handouts.' Some claimed that their spouses had died of AIDS and were taking care of many children, hence they deserved to be members of our project. It took a lot of effort to discourage them from being members of our project.

We divided the members into three groups: the Savings Group, the Handicraft Group and the Drama Group. It is very difficult to convince people living with HIV/AIDS to save because of the persistent thought that death is imminent. However, after some sensitization, many are saving from their income. From these little savings, they can even start a cooperative society. The Handicraft Group is also making some handicraft products for sale.

The most vibrant of all is the Drama Group - 'Prevention is better than cure'. This Group has composed songs and plays which teach people about the dangers of HIV/AIDS. They have landed invitations to entertain audiences which included important dignitaries. Our Drama Group has started to sensitize primary school children about the dangers of HIV/AIDS. Since they are speaking from lived experience, their message has had an immense impact on the young people. A few years ago, it was unthinkable that one would come up and say publicly that they were living with HIV/AIDS. Even today, those who have done so, deserve our encouragement and support. At one of the schools we visited, a lady gave her testimony of how she contracted the HIV/AIDS during the civil war in Uganda (1981-85). She was subject to a lot of discrimination. One day, presenting herself as a candidate for election, 'bouncers' removed her from the queue (supporters had to stand behind their candidate), on the pretext that since she was HIV positive, she had very little time to live! Twenty years on, she is still alive but some of the 'bouncers' are already dead. Concluding her testimony, she told the children that one could not tell who was HIV positive or negative by appearance. She then asked the children to whisper to each other, 'You have HIV/AIDS.' The children were excited and whispered to each other but she interrupted them saying: 'You have not whispered to Father. We may be travelling with him in a car and there is an accident and my blood contaminates his wounds and he gets the disease.' With laughter, the children whispered to me, 'Father, you too have HIV/AIDS', to which I responded: 'You too have HIV/AIDS.' We had great fun yet the point was taken that status is not a vaccine against HIV/AIDS nor does the disease have an age limit.

Our clients meet once a month and during these meetings the sharing of personal experiences has been the most interesting and moving part of our encounters. Some women have related experiences of how after the death of their husbands, they have been driven out of their homes together with their children by the relatives of the deceased husband. Imagine a father-in-law sending away his daughter-in-law in order to confiscate the property left behind by his son which in any case belongs to the family of the deceased!

The Project is trying to bring health care back to the community. It involves community participation. Improvements in health require the involvement of communities as active partners rather than passive recipients. The project fosters and sustains the mission of care and service directing the energies of the Small Christian Communities (SCC) to the alleviation of the enormous suffering and deprivation brought about by the HIV/AIDS pandemic. The Project does home – based care which involves a day to day care and support of chronically ill people within the community. This involves home visitation and counselling, practical and material assistance and spiritual, emotional and social support.

Gerard Majella Nnamunga
nnamunga@yahoo.com

COLLABORATING WITH YOUNG PEOPLE IN THE FIGHT AGAINST HIV/AIDS IN MOZAMBIQUE

Ronan WHITE

The author tells us about himself: "I am an Irish Spiritan brother working on my first appointment in Mozambique - I arrived here in January 2005.

I am working in the parish of São João de Deus in an urban slum in the northern city of Nampula. My ministries include the following: youth work, justice and peace co-ordination in both the parish and the Archdiocese, facilitation/co-ordination of development projects, adult training. I am living with two other Spiritans here in Nampula - Alberto Tchindemba from Angola and Noel Gama from Malawi."

Ronan's focus in this article is on his work among the youth. He presents the programme which he himself administers, then includes a reflection (his words!) on the programme. The 'reflection' is in fact an attempt at evaluating how successful the programme has been to date.

Introduction

A colleague recently told me that 25 pregnant young women had been randomly chosen and tested for HIV in the two different health clinics in which she works. In both cases all 25 tested positive.

This is the stark reality in which we find ourselves working here in the city of Nampula with the Macua people (a reality which appears to be no different in the regions where our other two missions are located here in Mozambique). Such an alarming situation has

compelled the Youth Commission of the Archdiocese of Nampula, in recent years, to make a very clear decision to focus almost exclusively on this issue of HIV/AIDS in an effort to increase awareness, provide education and foster behavioural change among young people. To achieve these goals it has established a programme which revolves around a number of diverse activities considered to constitute key components of both local and global youth culture. Such activities - which range from debates, reflections and workshops, to sports and the composition and performance of song, dance, and theatrical works - are carried out throughout the year at both the parochial and diocesan level. By choosing such a variety of activities, it is hoped that as broad a spectrum as possible of youth across the Archdiocese will be attracted to, and embraced by, the programme. As co-ordinator of the youth in our parish here, I have had the opportunity to work closely with our own young people, and with the Youth Commission, in the joint effort to establish this programme and make a concerted inroad into the problem of HIV/AIDS in our communities. In this article I shall attempt to present the main elements of this programme, and offer a reflection on the programme itself.

The Youth Commission's HIV/AIDS Programme

This HIV/AIDS programme established by the Youth Commission revolves around the following five types of activity:

1 *Discussions and Debates*

In Macua culture young people are particularly fond of vigorous debate, and the Youth Commission exploits this fact by holding a number of meetings during the year to which every single youth in the archdiocese is invited. At such meetings, representatives of each parish must make a presentation on the topic of HIV/AIDS, giving feedback to a number of questions which have earlier been sent out to each individual parish. The presentations are followed by a plenary session in which quite intense debate between the youths takes place.

2 *Theatrical Performances*

Theatre, too, is a form of expression which young Macua people find irresistible. The Youth Commission has taken advantage of this fact over the last two years by calling, on the Archdiocesan Day of Youth, a full day's meeting for all the youth in the city parishes. The central part of the day is the performance of plays by each parish on the topic of HIV/AIDS.

3 *Sports*

Sports, as we all know, are a wonderful way of uniting people of different points of view and lifestyle around a common theme. The Youth Commission makes use of this reality to unite the youth of the archdiocese around the theme of HIV/AIDS by organising an annual inter-parochial soccer tournament. The slogan for the tournament this year is: "Young People Together in the Fight Against HIV/AIDS". All matches open with a prayer which focuses on the situation of HIV/AIDS among the youth of the country, and both the opening and closing ceremonies involve speeches and presentations on the topic of HIV/AIDS.

4 *Music and Dance*

Music and dance play a central role in youth culture in any part of the world, and the Youth Commission has not let this fact escape its attention. Consequently it has recently established an annual inter-parochial choral and dancing competition. This year the theme of the contest is "The Family and HIV/AIDS". Each parish is requested to compose 3 songs for the contest, which must be sung in traditional choral tones and be accompanied by traditional Macua instruments and dancing. The message of both the songs and dance must be related to the theme of the contest, and the judges deliberate, not just on the music and dancing, but also on the message contained within the production.

5 *"Peer to Peer" Programmes and Workshops*

One further component within global youth culture which the Youth Commission has very successfully exploited is the fact that young people, in certain situations, find it somewhat difficult to listen to and accept "lessons" from adults. It is this reality which inspired the Commission to initiate its "peer to peer" programme. This is a programme in which four youths (2 male, 2 female) from each parish are sent for formation as "AIDS activists". These youths, once trained, return to their parishes where they facilitate workshops with their own youth groups on the topic of HIV/AIDS.

Reflection on the Programme Outcomes

As a result of my close collaboration with the youth in our parish in the preparation and execution of these activities, I have been offered a window through which I have been able to observe both the thinking and behaviour of these young people in relation to HIV/AIDS. I have observed a number of very positive features – both in comparison to that of adults here, and in comparison to that of young people in South Africa with whom I worked a number of years ago. I would not make the claim that such positive features are a direct and exclusive outcome of the Youth Commission's programme, as there are other government and NGO driven HIV/AIDS campaigns in operation in the country. However I would claim that the Youth Commission must take some of the credit for these outcomes. Indeed of all the programmes of which I am aware, it is that of the Youth Commission that appears to be most successful in terms of engendering genuine youth participation.

Positive Outcomes

1 *Talking – The Actual Pronunciation of the terms HIV and AIDS*

These activities, above all else, have got young people **talking** about, and even more basically **pronouncing**, the terms "HIV" and

“AIDS”. This may appear as a rather small or even insignificant outcome. However the routine use of the terms “HIV” and “AIDS” within the discourse of young people here has frequently struck me as being markedly different from that of the young people with whom I worked in South Africa. There the young people coined their own terms such as *“amagama amatathu”* (“the three letters” i.e. “HIV”), in what seemed to be an inability to simply pronounce the term “HIV” openly. Such inability to explicitly name the virus may well have been, I feel, a subconscious strategy for denying its very existence within the community – a denial, unfortunately, that still seems to appear from time to time within the political establishment of South Africa.

Furthermore, even here within our parish I have noticed a distinct difference in the discourse of young people and adults concerning the virus. A typical example emerges from an experience I had one day while visiting a young man who has since died of AIDS. Whereas his younger brother told me quite openly that he was suffering from AIDS, his father was only able to tell me that he was suffering from *“aquela doença”* (“that disease”).

I would put much of this openness and candidness in the discourse of young people in our parish regarding HIV/AIDS down to these activities of the Youth Commission which constantly forces young people to face up to, and openly discuss, the issue. I am not aware of any similar programme for adults in the archdiocese.

2 *Awareness and Recognition*

These constant youth activities, which force this language of HIV/AIDS to enter into the youth discourse, are extremely important for another reason. For the more we talk about and discuss any phenomenon, the more real it becomes for us and the more difficult it is to deny. Hence this constant use of the language of HIV/AIDS leads to an awareness and recognition among the youth that the problem really does exist. Without such recognition, further progress in terms of education, prevention, and appropriate care of the ill would be impossible to achieve

3 *Removal of Stigma*

This introduction of the language of HIV/AIDS into the youth discourse not only leads to a recognition and acceptance of the reality of the virus within their lives but also helps, I have observed, to remove the stigma that is still, unfortunately, attached to it. For the more we talk about something, the more "normal" or mundane it becomes and the more acceptable becomes its reality. Indeed it is far easier to maintain a stigma around any issue when its very existence within the community is denied. Thus the acceptance of the existence of the virus within the community helps, I feel, to make the existence of the virus more acceptable for the community – thus helping to overcoming the stigma.

4 *Increased Concern for, and Care of, the Ill*

Once the existence of the virus becomes more acceptable within the community, so does the presence of those suffering from the disease. This increased awareness and acceptability of those within the community who are suffering from the virus leads, in turn, to increased communal concern for them. Indeed the workshops and discussions that take place as part of the Youth Commission's programme do not simply focus on awareness and prevention training alone, but also on the appropriate Christian response to those who are suffering from HIV/AIDS.

5 *HIV/AIDS Education*

One further extremely positive outcome of this programme is the level of education it proffers – most specifically in terms of awareness, prevention, and Christian response to the ill. The programme insures that young people across the archdiocese get together frequently, at both the intra- and inter-parochial level, to specifically discuss and reflect on the issue of HIV/AIDS in their communities and their lives. Whereas the workshops deliver a more "traditional" or direct form of education, the reflections and debates help the young people to initiate the process of internalising and personalising the message. However the times in which they most fully internalise and personalise the message, it seems to me, are

the times which they spend creating and performing song, dance, and theatre. It is during these moments that they appear most fully to take possession of the message and plant it firmly in the setting of their own reality – indeed it is in these moments that they create their own message. It is during these times of composition and performance of creative works that the fruits of the educative aspect of the programme, and the success of the programme itself, appear clearest.

Negative Outcomes

Despite these very positive aspects which have resulted, at least in part, from the establishment of the Youth Commission's programme, I have also observed the following negative aspects which can be linked with weaknesses or lacunae in the same programme.

1 *No Significant Observable Behavioural Change*

Although I have been greatly impressed by the high level of candidness, awareness, knowledge and understanding among young people in our parish regarding the virus, I have been even more surprised to observe that this high level of awareness and knowledge has not (yet) been translated into any significant change in behaviour. Such a lack of behavioural change is not only observable in their daily interactions, but is also very clear during the “discussion times” of workshops and reflections in which the participants normally leave the theory to one side and talk about their lived reality. In fact this reality became most apparent as we were writing and creating our most recent play. During this time it emerged very clearly, from the various proposals for scenes and plots that were put forward by both our young men and women, that young Macua people who abstain from casual sexual activity are considered by their peers to be very much the exception rather than the rule.

2 *An Immature and Unconsidered Attitude towards Condoms*

A further very negative outcome I would associate with the programme is the attitude of young people towards condoms. Not once has the topic of condoms been addressed by the Youth Commission. It seems that there is a great reluctance to even mention the issue as, I suppose, the Commission feels that if it did so it would have to rigidly stick to church ethical teaching on the subject - a teaching which is very clear and rules out any discussion. Thus, it would appear, the Commission has decided to simply say nothing on this issue. One result of this silence is that we have groups of young people in our parish who, despite displaying the usual levels of maturity when discussing other sexual matters, find the topic of condoms to be a great source of comic amusement. Twice I have initiated a discussion on the matter with small groups in our parish and on both occasions, to much hilarity and laughter, the young men insisted that they never use them. After some exploration it became clear that this attitude does not arise from any deeply held moral or religious convictions, but more from rather infantile popular myths which attribute some rather nasty and painful consequences to any man who uses a condom, and which present the user as being somehow less of a "man". Practically all of the youths declared that it was wrong to use a condom, but not one of them was able to give any coherent reason why. It seems that they have simply received this message with no discussion of the theme whatsoever, resulting in an immature and unconsidered attitude.

3 *Young People not Reached by the Programme*

Although the programme has successfully reached out to a broad spectrum of young people across the archdiocese, there still remain a large number of young people more or less untouched, or only partly touched, by it. For example, many of the young men who played on our parish soccer team have not taken part in any other activity. I would question how much they really gained and what they really internalised, in terms of developing a healthy attitude towards HIV/AIDS, from the prayers at the beginning of each game

and the speeches on HIV/AIDS at the opening and closing ceremonies.

Conclusion – The Future

This programme initiated by the Youth Commission of the Archdiocese of Nampula has, I feel, contributed to some excellent results in terms of raising awareness, reducing stigma, providing education, and developing a Christian response to those suffering from the virus. However the Commission has manifestly chosen to ignore even mentioning one very significant theme in the battle against HIV/AIDS and this has contributed, I feel, to some immature attitudes among our young people. Furthermore, it appears that a large number of young people have been untouched, or only partly touched, by the programme. Despite the positive outcomes in terms of increased awareness and knowledge, it is very clear that these have not yet led to any significant behavioural change. I feel that the Youth Commission - and all of us who work here with the youth - need to ask ourselves why this is so. Facilitating the development of such behavioural change must become our challenge over the coming years.

Ronan WHITE
csspnampula@teledata.mz

SPIRITAN CHARISM ALIVE ! – HEALTH SERVICES AT USA-RIVER HEALTH CENTER, ARUSHA, TANZANIA

Joseph Triphon MASHAKA

Ordained in 1995 and a member of East African Province, Joseph worked in France for 8 years, first in Blotzheim "Collège des Missions" as a School Chaplain and later as an assistant pastor in Strasbourg "A la Meinau". Earlier in his formation he was given the opportunity to do his 'stage' in Papua New Guinea. On his return from France in July 2003, he was appointed to serve in his Province as Provincial Bursar, the position he still currently holds.

From personal and pastoral experiences, he shares his views on how the Spiritan charism is alive through the various health services offered at Usa-River Health center, in Arusha, Tanzania.

Background:

The Holy Ghost Fathers Usa-River health center started as a Dispensary in the late 1950s. It started as a small dispensary with very basic facilities for the purpose of giving medical services to the Holy Ghost Fathers' students at the Usa-River Junior Seminary. At that time the dispensary was staffed with one medical officer, a nurse and a nurse assistant.

The need to extend our services to the local community came in the mid 1980s shortly after Usa-River town expanded quickly and the population increased drastically. As a result, our dispensary started to receive more patients than we could accommodate. The

Provincial Administration as a result had to expand the dispensary in many ways: increase the number of buildings, employ more medical personnel and provide more patient facilities.

Today, the health center offers a full 24-hour service with three staff shifts: morning, evening and night and has grown into a 37 bed facility.

The main aim of expanding this health facility is to render health services to the poor and needy. For that reason we provide people earning low income with cheaper services than other private hospitals and health centers.

Most of the people who come to us have no access to proper medical services. As Spiritans we had to take action in the form of providing a proper health facility at Usa-River. This is a double-effect action: on the one hand we *provide services* and on the other hand we have a great opportunity for *fulfilling our Spiritan charism*. I am convinced that our charism cannot be lived in books, articles... but in proper "ACTION", which is "Service to the poor". Usa-River Holy Ghost Fathers health center is a sign that the liberation of man and woman consists also in providing proper medical services. Disease is a form of slavery. We need to combat it with all the means available to us.

The priority of our founders Claude Poullart des Places and Francis Libermann was service to the poor. This option urges us to continue serving the poor by providing health services as well as health facilities where the poor can come and be welcomed for cheaper treatment.

The Usa-River Holy Ghost Fathers Health Center has won the admiration of many people for its services and welcoming spirit. Despite the fact that most of our workers are non-spiritans, from the meetings which we hold with them we always try our best to remind them of our spiritan hospitality and charism. This helps our workers to know us and discover our charism of "priority for the poor". To me this is a sign that our Spiritan charism is being practised in our centre.

The following are the services which are currently offered:

- ❖ ULTRASOUND SERVICES (started on 28/6/2003)
: of the following: Upper Abdominal, Gynaecological, Urological, and Obstetric;
- ❖ HIV/AIDS HOME-BASED CARE AND NUTRITION
- ❖ E.C.G (ELECTROCARDIOGRAM) MACHINE SERVICE
: for cardiac treatment;
- ❖ LABORATORY TESTS SERVICE
 - Blood tests
 - Haemoglobin
 - Stool examination
 - Urine test
 - Sputum test
- ❖ Maternal Child Health (MCH) SERVICES
- for women and children

The “DREAM” Programme at Usa-River (Arusha)

“DREAM” stands for:

- ❖ Drug Resource Enhancement against AIDS and Malnutrition

As we strive to improve the living out of our Spiritan charism, we recently joined with the Community of Sant'Egidio and decided to establish together the DREAM Center at Usa-River health center.

The Community of Sant'Egidio: This community was founded in Rome in 1968. It is a lay Christian association and it also has formal recognition as a Non-Governmental, non-profit Organization (NGO). From its origin this community has been the voice of the poor and marginalized.

On October 28th 2005 a memorandum of understanding was signed between the Tanzania Ministry of Health and the Community of Sant'Egidio for the establishment of the DREAM Centers for prevention, treatment and fight against HIV/AIDS in Arusha (Usa-River Holy Ghost Fathers health Center) and Iringa. This meant that the services already being provided in the north of the country at Arusha would now be available in the south at Iringa.

Also in 2005 the Holy Ghost Fathers and the Community of St. Egidio signed an agreement to start the DREAM Programme in Usa-River, Arusha, Tanzania.

Hence, the Community of St. Egidio has set up advanced diagnostic laboratory, a center of AIDS treatment and of prevention of direct mother-to-child transmission, using tri-therapy and assuring the mother's lifelong treatment in order to improve the health of this target group.

The St. Egidio Community also assures treatment to the HIV-positive adult population according to national guidelines of Tanzania, for which reason they have also constructed a Molecular Biology Laboratory at Usa-River health Center to ensure that the above programme is successfully administered.

I firmly believe that all the services which we are striving to render to the people of God through our health facility enable us as Spiritans to en flesh our charism according to our founders Claude Poullart des Places and Francis Libermann. Our commitment to the needy and the poor through the services offered at our health center at Usa-River Arusha, allow us to be truly "Spiritans".

Joseph Triphon MASHAKA
joe62trip@yahoo.co.uk

“TOGETHER, WE WILL OVERCOME AIDS”

Jean-Simon NGELE EYENE

This phrase has been adopted by the Episcopal Conference of the Central African Republic as a rallying cry for the whole nation in their struggle against the pandemic of HIV/AIDS. This article, without minimising the extent of the scourge that is ravishing the country, sets out to show how, through some modest concrete initiatives, this slogan is far from being empty words; it is mobilising energy and producing results. Some of them, initiated by spiritan confreres, are particularly edifying. They are specially aimed at helping the widows and orphans of AIDS. Wherever they are, Spiritans are approaching this struggle with courage and intelligence.

The author, Jean-Simon NGELE EYENE, is a young confrere from Cameroon on his first appointment in Central Africa where he is working in the parish of Our Lady of Africa in Bangui.

INTRODUCTION

As with many African countries, the RCA experienced AIDS from the beginning but did not initially appreciate the gravity of the scourge. Rather late in the day, the reality is now being understood and the country is waking up to the importance of this pandemic which is devastating the country. Initiatives are being taken by the State government, the NGOs and the local Churches in the fight against HIV/AIDS.

In the context of this triple reaction, can one say that there is a specifically Spiritan contribution in Central Africa? And if there is one, in what does it consist and how widespread is it? Before looking for an answer, we must first speak of the dramatic social situation into which AIDS has plunged so many families and the effect this is having on their daily lives. Then we will describe what is being done by the Catholic Church in the country and, finally, the varied efforts that are being made by Spiritans, because, so far,

there is no common approach being taken by our confreres in the spiritan region of Central Africa.

I. THE DAMAGE BEING DONE BY AIDS IN THE CENTRAL AFRICAN REPUBLIC

This country is at the heart of the continent of Africa, surrounded by Cameroon, Chad, Sudan, Congo Brazzaville and Congo Kinshasa. The population is about 4 million and the country covers an area of 623,000 sq. Km. It has experienced much suffering stemming from social, political and economic problems, but what affects the people most closely is the problem of health and, above all, that of AIDS. It is being felt throughout the country and in all social strata.

Everybody needs to cooperate in finding an answer to this pandemic. It is very difficult, because there is, as yet, no adequate treatment for AIDS. The situation is very worrying because the number who are HIV positive continues to grow: 2.06% in 1987, 14% in 1999 and 15% in 2005. Even more worrying is the fact that the percentage is higher in the rural areas than in Bangui, the capital. It is now beginning to destroy the very fabric of society.

a) Destabilisation of the family

There are many problems which flow directly from this pandemic. The basic entity of society, the family, is falling apart or even disappearing altogether. The family which we know – father, mother, children – has been turned upside down by AIDS: it now more often consists of grandmother and orphans or grandfather and orphans. The average age of those who die of AIDS is 35. If the father is dead and the mother is already infected, it falls to the grandparents to look after the children. These children will then face the problems of schooling, feeding and the basic education that is normally received in the family

For many families, AIDS is a shameful thing. Its diagnosis is never made. Sometimes, children of parents who die of AIDS are also rejected. People turn mostly to the Church to find a solution. African governments must look for ways to change the situation and limit the damage. Already, it is likely that a whole age group will simply

disappear; the effect of this on the economy of the country is not difficult to imagine.

b) The death of young people inhibits development

There is an African proverb which says, "Where there are young trees, the forest will survive". How can there be strong economies in the future if those who should contribute most die in the prime of life? Human resources are rapidly disappearing. Statistics are secret and discrete, but one thing is certain: AIDS is strangling and will continue to strangle economic development for a long time to come. At present, it is producing children who take to the streets because uncles and aunts are not able to take them in and feed them. A family which has saved up to meet future needs is obliged to use these savings if they are hit by AIDS. It is an expensive illness. Many groups of mutual help are springing up to provide for those who are infected. It is not unusual to find people who sell what they have – vehicles, houses, land – in order to treat the sickness or even to go abroad for treatment. It is a difficult situation which gives little hope of a better future, because those who could do something about it are too ill to act. It means waiting for the orphans of today to grow before there will be any hope of improvement – assuming that they themselves do not fall into the multiple traps which lead to AIDS.

c) Religious uncertainty

AIDS in Central Africa is a taboo subject. It is spoken about but one must not say who is suffering from it. So far, it has not been easy to recognise by oneself if one is suffering from AIDS or not. The religious problem posed by AIDS depends on the strength of a person's adherence to their religious profession. Some are ready to return to former beliefs that were renounced as inadequate when they embraced faith in the risen Christ. Some AIDS sufferers are disturbed by traditional healers who claim to be able to cure the disease. They organise sessions where prayers of exorcism finish up by putting the blame on one or other member of the family. This was the case with one young person who died at the age of 21: the healer told the parents that his 75 year-old grandmother was responsible for his death. The old lady was thrown out of the house

and reduced to begging from door to door in order to survive. In such cases, the Christian faith no longer has a place in people's lives.

Others do retain their faith and have recourse to the sacrament of the sick, but it is often too late. In the parish, we work to ensure that victims of AIDS are not excluded but are still given their place in the Christian community. The sick sometimes exclude themselves because they cannot endure the disdainful looks that others give them. So we strive to create places of meeting and sharing for these unfortunate people who are the real poor of the 21st century.

Our aim in this section has been to make a brief analysis of the three problems brought about by the AIDS pandemic. Its scope is limited, but it seems relevant to do so before examining what the Catholic Church in the RCA is doing in its struggle against AIDS and its attempts to help the widows and orphans created by this sickness.

II. CHURCH ACTION IN THE RCA

In January, 2006, an Episcopal committee of the Catholic Church (CENFAS) organised a meeting to examine what is being done to confront the scourge of AIDS. Political and religious leaders were invited, along with representatives from aid agencies working in Bangui. The theme of this meeting was, "Together, we will overcome AIDS". It received widespread coverage in the media and it allowed the Church to get a clearer picture of what is being done throughout the 9 dioceses and 16 prefectures of the country. The aim of the meeting was defined in these terms: *"In the spirit of the Gospels, to contribute to the efforts being made by government and other agencies to reduce the prevalence of HIV/AIDS in the country and to support those whose lives have been affected by it"*. (From the brochure produced for the occasion).

CENFAS was set up by the Episcopal conference of RCA in 2001. It has different sections, bringing together all the Episcopal commissions: Health, Education, Lay Apostolate, Young People, Caritas, the Family, Justice and Peace, Liturgy, Evangelisation,

Media-Communications, Culture and Congregations of Religious Sisters. Each diocese now has an AIDS committee and there will soon be one in each parish. Throughout the country, the Catholic Church strives to guide the Christians in their struggle against AIDS, through structures like Catholic Dispensaries, Movements and Fraternities and a Programme of Education for Life and Love.

There is a great deal of mutual help by means of a network of Caritas groups in the parishes. They assist those who are in difficulty and also work for the prevention of infection. All this helps to make them feel that they are still part of the community. For example, the "Hope Group" in Bangui gives assistance to those living with HIV and helps them to build up hope for the future. The group, which is supported by Caritas-Bangui, brings comfort and support to new and older cases of AIDS.

But it has to be said that the work being done is largely by uncoordinated local initiatives. We are still waiting for what could be seen as a real strategy. The Spiritans also have not yet drawn up a definite plan of action, but they try to live in proximity and support with those who suffer, especially those who have been made widows and orphans by the pandemic.

III. WHAT ARE THE SPIRITANS DOING?

The Spiritans working here are not indifferent to the problem. As part of the local Church, we share in the pastoral strategies adopted. But there are also some initiatives which are particularly spiritan, especially ministry for widows and orphans.

a) The "Hope Group"

It was while he was in charge of Caritas-Bangui that our confrere, Yves Gauthier, launched the "Hope Group". It was founded to help those suffering from AIDS and, especially, those widowed by the disease. It enables the sick to benefit from anti-retroviral drugs, a special diet and psychosocial help. But this group is not found in the parishes where Spiritans are working; we see rather groups of people living with HIV, modelled on the "Hope Group", but who do

not share the benefits of the Group. They have a certain degree of structure but lack a central organisation.

In other words, the accompaniment of widows is not systematically a spiritan undertaking, but they do make a considerable contribution to it. In the different parishes where we are working, the Spiritans pay particular attention to those afflicted by AIDS. The numbers diminish each day through the death of parishioners, but others then arrive to take their place. It is not a question of a group which takes complete charge of somebody who is ill; the aim is rather to help the widows (or widowers) who are sick to find new hope by regaining a degree of independence. Some are given allocations of 30 euros to start activities that will bring in some sort of income. In this way they can feed themselves, contribute to the cost of the medicine and support their children.

b) A specific example; the parish of Notre Dame d'Afrique in Bangui

This is the largest parish run by the Spiritans in the Central African Republic and it can give us an idea of the way Spiritans are working amongst the marginalised. The parish includes the few working-class areas of Bangui. The ministry concentrates on helping widows and orphans and it is part of the action of the parish Caritas group. There are two commissions which are involved: the health commission and the commission for schooling and caring for deprived children.

Working with the widows

The health commission is run by a doctor and a medical student, supported by two midwives and a trainee chemist. This group gathers statistics about the sick and presents them to the weekly meeting of Caritas; the help to be given is decided by the whole Caritas team, which is guided by Fr. Jean Simon. It is an expensive business. The widow is given further medical examinations and is asked to be willing to go to a specific area of the parish, so that the limited means of help can be brought together and thus serve as many people as possible.

If the investigations reveal that the widow is HIV positive and that she has children to care for, arrangements are made to cater for

her basic needs. The World Food Program used to provide us with food for such cases but this is no longer the case. In the three years that we have been catering for Aids widows, about 20 mothers have died, leaving their children to be looked after by grandmothers and grandfathers. At present, there are 70 widows signed up and another 30, who although not registered, are helped by Caritas delegates in the basic Christian communities.

Each year at the time of World Aids Day, we organise a three-day conference on the pandemic. This year, the theme was "Aids and the Family: how can we fight against the exclusion of AIDS widows and orphans?" Amongst those present were a doctor, and a religious sister who works in this field, but the number who attended was disappointingly small and predominantly female. The following day, we organised voluntary exploratory tests to give an idea of the size of the problem. Of the 84 people tested, 7 were found to be infected. Of those, 6 were women of an average age of 35 and one was a boy of 12 years old. The Eucharist was celebrated on the final day, to which all the sick were invited, particularly those who were HIV positive. Also present was the Minister for Public Health and members of the World Health Organisation.

A team of young Legionaries, helped by Caritas and Fr. Jean Simon, often organise awareness sessions for the Christians of the different areas. It takes a lot of time and their dedication is very encouraging. The greatest difficulty is finding the means to help these widows. Caritas tries to encourage them not to remain completely dependent on others because of their sickness. There are some sad cases where widows go from parish to parish looking for help. Others have been thrown out of the house by their families and have been forced to wander all over the place. So they are encouraged to find something to do that will produce a little income and thus help them to look after their children and buy the necessary medicine. Many sell wood or some other small things that they can produce at home. But it is a very precarious existence because the capital can be quickly eaten up if she or her children fall sick. It is very difficult to save anything. We are hoping to set up an account in the parish for all these widows which will be able to

give them small loans and prevent them being permanently dependent on others.

These activities have given the widows some hope. The encouragement, advice and affection that they have received has helped them to start living once more. One of them said to me, "Father, very often we have been ashamed because we were carriers of HIV and have tried to hide ourselves. Now it is different and we feel accepted by others". This hope which we try to encourage in the widows is very important. And if death comes along, we give some help to the afflicted family by buying a coffin for the poorest and paying for the transporting of the body.

Working with the orphans

Earlier, we mentioned a commission for education and neglected children. It is run by Fr. Jean Simon and its role is to locate the children, gather statistics and see what help can be given in the area of health, education and non-exclusion. There are about 300 such children in different families and most have not been to school. One of the results of AIDS is that many children do not go to school and, as a consequence, their future is not very promising. So we try also to help these children.

We rely on the diocesan Caritas which gives 40 dollars (€76) to each parish every year to register them for school. This money is for all deprived children, not just the AIDS orphans. Each year, we organise a fête before the start of the school year to raise money to help AIDS orphans and others to sign up for school when it opens. The results are not startling. In 2005, it brought in about €21, but adding this to our existing reserves, we had around €150 available for the beginning of the school year. Some benefactors have helped; the sister of one of the confreres offered to pay for 10 orphans. Several parishioners give help in kind – pens, notebooks, slates.

But we have nothing like the funds we need so we just have to rely on Providence - which never fails us! Our efforts would be more effective if we were better organised. Education is a primary factor if the children are to be saved from life on the streets. We managed to cover most of our needs this year but the follow-up for these

children is a permanent worry. Many families simply cannot afford to continue with their children's education even when their school fees have been paid. But we are convinced that education is the key to breaking out of this impasse. Three years ago, we helped a girl of 15 to go to school; she has since made a lot of progress and shown great courage, giving her hope for the future.

The health of these children is also a recurring concern and their families need much support. If one falls sick, the parents often fear the worst. If tests prove negative, all is well, but if they are positive, the family can be plunged into turmoil, even resulting at times in the abandonment of the child. The social services in our country are in need of more structuring. Our contribution is always made through the health commission of Caritas. We ask the parents to contribute to the medical examinations and we look after the prescriptions. The death rate amongst the orphans is relatively low. The most difficult part of our ministry is to accompany a child who is HIV positive. And some children who are not even infected are nevertheless excluded by others because of the suspicion that their parents died of AIDS. We try to approach these families to make them understand that a child has a right to health and education.

We also try to bring a little recreation into the lives of these orphans. Every year, with the help of the Sisters of the Child Jesus in Rouen, we put up a Christmas tree and invite the children to come for their presents after a competition of dances, poems and sketches. Because of our limited means, we only invited 50 in 2004 and 2005, but we have now doubled that number, thanks to the generosity of friends, benefactors and the Sisters of Rouen. It is now growing larger every year.

But there are limits to the expansion of our ministry without the support of the civil authorities and international organisations. We dream of getting help from them for our educational conferences and other activities, but it happens very rarely! We do not have sufficient contact or influence with these bodies and the heavy bureaucracy that surrounds their operations can be very discouraging.

CONCLUSION

The work is enormous but, despite our pitifully small resources, we are totally committed to working for the education of these unfortunate orphans. Next year, we hope to launch a literacy programme which should help considerably.

We look to our friends and confreres to help us expand our activities on behalf of the widows and orphans and make a reality of the slogan, "Together we will overcome AIDS".

Jean-Simon Ngele Eyene
jngele@yahoo.fr

RECONCILIATION – A PASTORAL CHALLENGE **(In the military barracks of Angola)**

Benedicto Sánchez PEÑA

Born at Tavalcán (Toledo) in Spain, on 21st March, 1951, Benedicto entered the novitiate at Aranda del Duero, Burgos in 1974. He later studied theology at the Pontifical university of Comillas and at the diocesan seminary in Madrid. In 1981 he went to the Congo, assigned to the mission of Linzolona, in the heart of Lari territory. A few years later he was sent to Angola, to the Ndalatando mission, among the Kimbundu tribe, where he spent six fruitful years of missionary life. There, as a missionary, he became the main character in a passionate 'love story' which he relates in his book "Memorias de Ana Itangu – the life of a missionary in Angola".

After some years devoted to missionary animation in Spain, he returned to Angola, that time to the mission of Malanje. In Malanje, being one of the places where the effects of the war were most keenly felt, Benedicto became involved in a very different ministry, working among the soldiers. His report which follows deals with that mission in the midst of those who were forced to take up arms in the name of the warlords. It is a précis of a talk given to those very soldiers.

How the Lord has strengthened my spirit, leading me to walk through the doors of your barracks to meet you where you are.

When you came to see me in the parish many of you invited me to return the visit to your military quarters. At first I didn't pay much heed to this request, thinking it would take me out of my religious and missionary sphere. So I listened to you and was undecided. But then I was amazed to discover a new way of achieving reconciliation by going to you in your military quarters: from being places I held to

be unpleasant and wicked, they became the “good soil” which God had prepared so as to draw closer to us.

Now I recognize that God managed to break open the crust of separation and mistrust between us through dialogue as I began to walk in your company. The first “sanctuary” we built was our conversations as we went for walks together. The second is now being built inside your barracks: they are special places for friendship, prayer and meeting God. The life we share is one of reconciliation: it’s as if the dark shadow of the Cross were covering this mysterious spiritual way which we had begun to follow very tentatively at first. Now it is taking on new dimensions.

The military Hospital has become an especially meaningful place on the path to reconciliation. It was not so much a question of “visiting the sick” as of being with you on a journey where I didn’t run from your suffering. Face to face with your sickness, especially with the wounds inflicted in the war, I shared moments of deep friendship, when we discovered together what it is to be human, to be weak and to need one another.

I am going back to those difficult times from 1986 to 1991 in Ndalatando, and then in Malanje from the end of 2000 to 2002 and afterwards. In those difficult years I felt my limitations when I saw you lying on your beds, suffering as you struggled heroically with your battle wounds. What a difference three or four days later, when I went to visit you and you welcomed me with a smile saying “Father, they have managed to take out the shrapnel from my foot and the wound is healing”. It was fantastic to see you, a few weeks later, coming to the parish on your crutches, beaming: “Father, the wounds have healed up and I have been given the all clear by the doctor”!

Your hospital was a special place where each of you helped me to become familiar with the great mystery of suffering. You opened up to me in your illness. I was privileged, like the apostle Thomas in the Gospel, to touch the “wounds of Christ” in each of you, whenever I visited you prostrate on your bed of pain and listened to what you had to say.

THE TALKS – moments for sharing our lives

As I think of the many meetings we had, when I gave talks and we exchanged our views and feelings, whether in your military quarters in Malanje or in the interior of the Province, and indeed in other provinces and in Luanda, I am inclined to fall silent and meditate on those pleasant “celebrations” of reconciliation.

The powerful presence of God opens this new “travel plan”, showing us where to go. I am given courage to follow this path into the unknown, with the light of God and in your company. It is the only way to begin and to make progress, to get to the point where we celebrate together in your military quarters. Setting out on this road of “Talks” I had the feeling that the mystery of reconciliation was developing in such a way that it is difficult to see how it actually started. Let us try and draw together the various strands – formative, religious and festive – of these experiences. God the Father was present as a true Friend when you took part in the Talks and our friendship deepened, from barracks to barracks.

As I said, I can never remember exactly how the initiative started. All I remember is that I felt the desire to walk in your company. As in all journeys, there appeared walls, valleys and enormous mountains blocking this deeply felt desire. I didn’t hide my limitations and inadequacies – don’t think my first contacts with your officers were strong and sure. On the contrary, the beginnings were uncertain, I had to trust in God. It was a question of taking the first step on a road still to be opened up. Deep down I was doubtful: “My God, will I have the necessary strength to take this step and follow it through?”

I clearly recall one of the first initiatives I took – for me it proved to be bold and powerful! This was the first contact with your officers: I was not sure how to go about this, whether by letter or in a simple conversation. Would I get a positive response?

THE FIRST TALKS – in the headquarters of the Military Police and the Rapid Intervention Police

My first move was to speak to Captain Muamba and ask permission to give a talk to the Military Police. He was the officer I most trusted and his the Division I knew best. I went to his office where I made my request with a mixture of confidence and hesitancy. It was something new and perhaps risky. But his spontaneous positive reply took me by surprise.

“Father, I think it is a good idea to come to our Division to speak to the Military Police about Reconciliation. It will do us all good”. He read my programme *“The Spirituality of Reconciliation and Pardon in post-war Angola”*, and was enthusiastic. “Fr. Benedito”, he exclaimed, “this is very relevant for our soldiers”.

“Yes,” I answered, “I thought of this type of Reconciliation, seeing we are in the early days of peace”.

“Father, the best time for us is on Saturday morning, so everyone can take part”, he said.

And so it was through this simple friendly dialogue that we set the date for the first Talk on Reconciliation. After overcoming the first difficulty, getting the Captain’s permission, we had another to face and it depended on me alone. At the prospect of going to meet you in the barracks I began to have doubts, and was even tempted to give up! What type of language will I use to speak to a regiment of soldiers? How will I hold their attention? What themes will interest them? Where can I learn technical and military terms to make myself understood?

In the first talk given to the Military Police on 13 July 2002, my doubts and misgivings vanished when I realized that your main concern was not to discuss technical points, which you already knew, about social justice, or military behaviour, democratic law or military virtues etc.

At the end of the Talk, when there was time for questions and discussion, I was pleasantly surprised when you spoke of your desire to reflect on Christian living, prayer, the sacraments, God’s forgiveness... The shower of questions and reflections on how to live the Christian life was the awakening of religious experiences that each of you carried within himself.

This first experience spurred me on to go to the headquarters of the Rapid Intervention Police and ask the Commander-in-Chief if I could give a talk. On Tuesday, 30 July 2002, when I came to meet you for the first time, I was overwhelmed to be face to face with 140 Policemen to whom I was to give a talk on Reconciliation. When I got to your barracks Commander Issac gave me a warm welcome, and then passed me on to the second-in-command, Captain Duck, as he had to go off elsewhere for a meeting.

I was still somewhat doubtful, even fearful, not knowing exactly how I would express myself to keep you interested. It was all new to me, as a missionary. An enormous table had been placed at the front, with the national flag and big vases of white and red flowers. I felt out of my depths, sharing the same table with four officers who were chairing an official act.

After distributing the programme to each officer, I began by announcing the topics to the audience of Police. Seeing some jotting down notes and others following me with total attention, I felt deep down that the first fruits of Reconciliation were already spreading in your hearts. Those fruits which I was gathering from you I had already gathered two weeks before from the Military Police, who encouraged me to go and sow the seed in other barracks. Thus the early fears began to disappear, thanks to your keen interest.

THE THERAPY OF SPIRITUAL HEALING

If Captain Muamba introduced me to the *military world* through this first talk, Commander Isaac did the same for me with the Police Force. New, unknown worlds opened up to me, thanks to the welcome those officers gave me.

In the midst of the darkness and uncertainty I felt something new was being born in our spirituality of Reconciliation. Once again I could verify that the beginnings are always good, even when fraught with difficulties. It was a novelty to gather together officers and soldiers in one big family, in a profound silence, for the purpose of listening to and thinking about the spirituality of God's forgiveness. It was as if we were already receiving the first "sacred medicines" of Reconciliation.

In the months following the Peace Accord in April 2002 everything was new to me. Just to go into military quarters was to “discover a new world”, where I was struck by everything that was going on: the guards, everyone carrying arms, the leafy trees decorating your headquarters... But what cheered me up the most was your warm, spontaneous welcome, without fears or reserves.

There were, of course, initial difficulties, but I faced them with unexpected patience. For instance, at times the Commander-in-Chief was absent and I had to keep coming back... There were times when I had to wait, as drill was going on, in the shade of a tree. However, I used that time to chat with those of you who were on duty and so we got to know each other better. This helped our friendship to grow quite naturally.

We were all interested in the whole process going on in that early post-war period. After years of attacks and confrontations, we needed to speak and to dialogue to get rid of the evils that had accumulated and that still haunted us. We needed God’s strength to do this, for we felt incapable all by ourselves.

Imagine my surprise when I heard you speak of your personal and religious concerns. You were impatient to receive answers that could clarify your doubts about God’s mercy and the forgiveness of sins. Others wanted to know how to pray... There were questions like, “Father, will God forgive me all the sins I committed?” and “It is years since I have not been to Church, do I have the right to go into a church and pray?” Another said “My biggest worry is to know what I have to do to receive Baptism. I studied the catechism years ago, but the war came before I had finished the catechumenate.”

“Dear friends”, I replied, “I am deeply grateful for your sincere questions and concerns. I cannot answer in detail at the moment, because these are not simply questions you are putting to me for an answer. They are spiritual concerns each of you are harbouring in your hearts. But I assure you that God can and does want to forgive our sins, as long as we recognize our faults and ask His forgiveness for the bad things we have done. God wants our salvation”.

This was met by a long and meaningful silence. We were convinced that God Himself would give us the answers during the process that we had just begun to follow. He would give us inner light. And so, quite naturally, we began to reflect on the concerns and joys that each of us had. Like one big community we were on a journey in search of the divine truths about Forgiveness, Peace, Dialogue, Reconciliation, the Love of God... We had taken the most important step - the first one!

Gradually I entered into the “military world” and made new discoveries that filled me with wonder. Something new was happening in my own missionary life that I didn’t fully understand. I saw how God was taking me to you by ways I had never known before. God’s ways are unfathomable and always new.

I was aware that the effects of Reconciliation were capable of healing the many wounds inflicted on you young soldiers during the war. Our lively discussions at the end of the talks became a healing therapy in itself, whereby each one could cast out the evil thoughts of the past.

My own humanity was greatly enriched by these lively exchanges, as was my spiritual life as a Spiritan Missionary in all its aspects. It has given me a profound sense of gratitude to God for having led me to meet you young soldiers and allowed me to share friendship with you. This is the real path to RECONCILIATION.

*Benedicto Sánchez Peña
Malanje, Angola*

THE APOSTOLATE IN TRADITIONAL MEDICINE

Raymond Chukwunyelugwu ARAZU

Born in Nigeria, Raymond made his first profession in 1960 and was ordained in 1966. He did his theological studies in Rome at the Gregorian University and also at the Lateran University where he gained a doctorate in Moral theology. Later on, at Southampton University, England he pursued post-graduate studies in Education. He retired in his native Nigeria from the State Ministry of Youth and Sports, as Director of Youth in 1999 after 23 years of youth work.

He lectures at the Spiritan International School of Theology (SIST), finds time to put the Psalms of the Bible into Igbo language and music and organises the more than 80 Abu-Oma Societies (associations that sing his Psalm compositions in Igbo) scattered all over Igbo land.

He is a practising Traditional Doctor (Dibia), the first executive secretary of the Anambra State Traditional Medicine Board established by Government edict, and is the current chairman of the Association for Scientific Identification Conservation and Utilization of Medicinal Plants of Nigeria (ASICUMPON), in Enugu, which has published its first research findings as 'Checklist of Medicinal Plants of Nigeria And Their Uses'.

From his very wide experience and practice he shares an approach to traditional medicine, as a man of the church.

Introduction

"Dependence on medicine derived from indigenous plants is especially predominant in developing countries where modern western medicine is often unavailable or is simply too expensive. In

many areas of Africa, the loss of biodiversity caused by rapid vegetation clearing for agricultural and livestock expansion has resulted in a drastic decline in the supply of traditional medicine. At the same time, demand for these medicines has increased as the population has risen.”¹

A research carried out by the World Health Organization (WHO) in eleven African countries has revealed that imported medicines called “orthodox medicine” here in Nigeria, are very expensive where available in the private sector and are very scarce in the public sector, e.g. Government Hospitals. The report continues that even where “orthodox” drugs are available, there is inconsistency in the prices because of the activities of middle men.²

For centuries the Igbo people have been using the leaves, bark and roots of plants to cure a variety of ailments. The knowledge of how to use the parts of plants and herbs to cure so many kinds of ailments in human beings, animals and birds, is preserved in certain families. This native science is handed down from one generation to another through formal and informal apprenticeship.

A. Traditional medicine and priesthood

In pre-scientific cultures the medicine man had a priestly and charismatic role. Medicine and religion were always closely associated until modern times. In Europe they were effectively divorced at the end of the Middle Ages when the church forbade clerics to practice medicine or surgery except by special indult (harder to get for surgery). Scientific medicine has completely separated medicine and religious ministry, except for the encounter’ of pastors and doctors in treatment situations.”³

Igbo Tradition, on the other hand, does not separate medicine and priesthood. The knowledge and art of healing with traditional materials put one in the ranks of what Igbo language calls DIBIA.⁴ The missionary and the colonial invaders failed to appreciate the group of people called DIBIA in the Igbo language.

Prof. M.A. Onwuejeogwu has classified the Igbo Dibias as:

- a. Dibia-Ogwu - general physician;
- b. Dibia-Afa - the diviner or fortune teller;
- c. Dibia-Aja - the one who offers the people's sacrifices to the gods.⁵

To consult the Dibia was a "serious sin" in Roman Catholic catechesis. Nobody bothered about what kind of Dibia was consulted. Prejudice prevented the early missionaries from perceiving the Igbo word for priest which was there in the guise of DIBIA-AJA as explained in (c) above. The European system of education that produced doctors in Igbo-land brain-washed these experts to see nothing good in traditional medicine. They even warned people who came to the hospitals, that drugs from traditional doctors were dangerous to health.

B. The New Apostolate

There was urgent need to bring the Message of the Gospel of Jesus the Christ into this phenomenon called 'Traditional Medicine'. The misconceptions about the word for priest in Igbo language and about Traditional Medicine itself have to be eliminated and the news proclaimed THAT WHEREVER A PROBLEM EXISTS IN THE WORLD WHICH GOD HAS MADE, GOD HIMSELF PLANTS THE SOLUTION WHICH MAN HAS TO DISCOVER.

i. Getting Rid of Misconceptions

In Nigeria, imported medicine and Medicare are officially (i.e. Government and church circles) called "orthodox". We regularly hear about orthodox medicine, orthodox doctors, orthodox nurses etc. the word "orthodox" meaning nothing but "European" or "western" manufactured or trained. Orthodox as an adjective adds nothing else to the nouns it qualifies. The drugs are not necessarily better and the persons designated are not necessarily more humane or better behaved.

ii. Positive Engagement

The knowledge and art of Traditional Medicine came to me through inheritance and research. My ancestors include renowned Dibias and my lineage in the village was called Eze-Dibia (literally, “the King of Dibias”). I grew up knowing the medicinal properties of many herbs and plants. I had a natural liking for the Roman Catholic Priesthood hence when I was told in the Major Seminary that a priest is forbidden by Canon Law to practise medicine, I gave up learning any more about the medicinal qualities of herbs and plants. However, as time went by, I began to wonder whether the Roman Catholic priesthood was meant for Euro-Americans only and for those who have acquired their peculiar type of mentality.

Then came the Nigerian Civil War (1967 – 1970). The so-called “orthodox” medicine and Medicare were virtually unavailable in the Biafran enclave. I was sent into Biafra from Rome in 1968. I remember flying in this aircraft carrying relief into the war-torn Biafra. Suffice to say that I had to sit on a bag of salt in the aircraft, during that fateful journey home. Besides being an incredibly jerky but turbulent flight, I was quite certain that the aircraft had more than its share of wear and tear.

Amidst the bombing and shelling, our plane finally managed to land at the famous Uli airstrip on a bright moonlight night. What luck! In this most dramatic and inhuman circumstance I found myself walking down along the passage normally reserved for the bags of salt and other luggage. Outrageously inhuman you may say! But that experience changed my life forever. My western type of mentality underwent a sudden and drastic transformation.

I came to realise, as I cycled to and fro in the rugged hills of Ukpok Town where the late Bishop Okoye, CSSp posted me during that war, that I was by priestly ordination a two-fold DIBIA. I felt and I understood that I was both DIBIA-OGWU and DIBIA-AJA in the Christian dispensation.

A new apostolate opened up before me: to evangelise even the evangelized! It became necessary for me to re-educate myself through research into the traditions of my people and other peoples. My books 'Man Know Thyself'⁶ and 'Our Religion Past And Present'⁷ are results of this research. I had to do remedial education on my people on so many fronts. They now know that "consulting the DIBIA" is not necessarily a sin because even the Roman catholic priest is a DIBIA-AJA, and the Bishop an Arch-DIBIA.

D. One Day In The Apostolate Of Traditional Medicine

Every first Saturday of the month my team arrives at St. Alphonsus centre, formerly a private school. The buildings and premises were donated to me by the owner who supported my Traditional Medicine practice whole-heartedly. Chief and Mrs. Alphonsus Udeigbo have allowed me to use the said premises as a clinic for Traditional Medicine for six years now. My team arrives in two mini-buses and a car, bringing hundreds of litres of Traditional Medicine for malaria, typhoid, ulcers, diabetes, high blood pressure, pneumonia, bronchitis, STDs, fibroids, asthma, rheumatism, low sperm count etc.

Under a tree outside the main building is a chair placed in a convenient position for the confessor and penitents. Some twenty or more people line up for confession. After confessions we join the rest of the congregation in the hall for the sacrifice of the Mass. The homily is delivered after Holy Communion, followed by instructions on how to give first-aid treatment to ailing people, with medicinal plants available in the town. Wherever a problem exists, God provides a remedy but we have to find that remedy. For example, malaria is the greatest killer in Nigeria. That is a problem! God has provided so many plants for the cure of malaria. Here I give them a list of local plants and herbs provided by God in the town for the cure of malaria. One tree may then be singled out - *Moringa Lucida*⁸ : It is used to cure not only malaria but jaundice and hepatitis as well. The methods of preparation are multiple. The people listen carefully while I explain to them the simpler methods of preparing and administering the drugs from the plants I mention,

in cases of emergency. For the inquisitive ears, elaborate explanations are given. For example for *Moringa Lucida*, decoction of leaves, bark and roots is prescribed. Maceration in cold water and filtering, of leaves only, can be done and the normal dosage for an adult is one tumbler two times daily. To the question 'what kind of tumbler' is given the answer "three tumblers are contained in a beer bottle".

The Prayer after Communion is said after these explanations. With the blessing at the end of Mass everybody moves to the clinic where they had registered their names before the Mass. The numbers are called out by the attendant. The consulting room is spacious enough for the patient to enter even with an entourage. The health interview is done in a homely environment and the patient is encouraged narrating even his or her dreams, discussing family feuds and quarrels etc. I listen attentively, ask relevant questions, and write prescriptions. It is like a family meeting.

Physical ailments may be presented in narrative or through results of laboratory tests which we have trained ourselves to read. The issue of witchcraft is very real and rampant and we are now equal to the task of handling it. My book 'Man Know Thyself' mentioned earlier, has a section on witchcraft and answers to questions arising from that section are published in my booklet, 'The Witchcraft Scourge: Our Self-Defence'.⁹

With the prescription written on the special forms printed for my practice, the patient goes to the Accounts Department to pay for the quantity of drugs prescribed. Those who are very poor do not pay. GOD PAYS FOR THE VERY POOR! And God does. Those who are not so poor pay a percentage of the cost. Widows do not pay for as long as they put on the mandatory funeral clothing. Priests, religious and their parents are exempted from our medicine bills. Seminarians do not pay as long as they are studying in any seminary or are doing apostolic work. Serving policemen who frequently visit our clinics are given drugs free of charge as a lesson to teach them to temper justice with mercy.

With receipt after payment or free card for those indicated above, the patients go to the Drug Section where six or more attendants administer the drugs as prescribed by me. Ours is an out-patient-department (OPD) only.

The above clinic day at St. Alphonsus Centre Ihembosi, in Anambra State, Nigeria, is the only centre that has Holy Mass before consultations. At other centres we say general prayers and bless the people before consultations begin. None of my centres is located in a Parish or on church premises. The clinic is not a Roman catholic affair. It is open to people of all faiths as well as traditional religionists and everybody else. At St. Alphonsus Centre, mentioned above, non-believers come in for instructions if they do not want to attend the Mass. I usually keep a copy of the Bible, the Holy Qu'ran and the Bhagavad Gita on my desk. Some new faces smile when they see the 'holy book' that is sacred to their faith.

In this article I have taken the opportunity to discuss a breakthrough in this type of apostolate which I judge Divine Providence has placed at my door.

I remain totally committed to it, treat all my patients with dignity, respect, empathy, friendliness and integrity. It is my ardent desire that on reading this many will benefit and judge traditional medicine in a new light.

Notes

¹ Checklist of Medicinal Plants of Nigeria and Their Uses, A Publication of the Association For Scientific Identification, conservation And Utilization Of Medicinal Plants of Nigeria. (ASICUMPON), Enugu, Nigeria, JAMOE Publishers (Nig) and Trinity-Biz Publishers, 2005, Enugu, Nigeria p.1.

² British Broadcasting Corporation (BBC), Radio Broadcast on Nov.1, 2006 in which many experts were interviewed.

³ A Dictionary of Christian Ethics, Edited by John Macquarrie, SCM Press Ltd, 1967, pp.211-212.

⁴ Prof. Anenechukwu Umeh has published two volumes of After God Is DIBIA, Karnak House, London, 1997.

⁵ M.A Onwuejeogwu, An Igbo Civilization: Nri kingdom and Hegemony, Ethnographica, London, 1981, pp. 139-140. cf. Arazu Man Know Thyself, SNAAP Press Ltd., Enugu, Nigeria, 2003, pp. 11-12.

⁶ Arazu –Man Know Thyself, cit., 202 pages.

⁷ Arazu – Our Religion Past And Present, Martin-King Press, Awka, Anambra State, 2005, 210 pages.

⁸ cf. Checklist of Medicinal Plants of Nigeria, cit., Moringa Lucida is the botanical name. In Igbo Language it is called Eze-Ogwu in the Riverine areas, but Njisi in the up-land. The family name is Rubiaceae. The English name is brimstone tree. The Yoruba name is Oruwo.

⁹ Arazu, The Witchcraft Scourge: Our Self-Defence, O.C Martins Publishers, Awka, Anambra state, Nigeria, 2004, 16 pages.

Finito di stampare
nel mese di settembre 2007
dalla
Scuola Tipografica S. Pio X
Via degli Etruschi, 7
00185 Roma

The Cover

The triangle represents the Trinity: it is coloured red to accentuate our dedication to the Holy Spirit. The blue circle signifies Mary who became the mother of Jesus through the Holy Spirit; therefore one of the points of the triangle cuts the circle. The green path represents hope. Thus the Congregation of the Holy Spirit, under the protection of Mary, is travelling along the path of hope and trust.

Spiritan Life is published in English, French and Portuguese.

Generalate CSSp
Congregation of the Holy Spirit
Clivo di Cinna, 195
00136 Rome
Italy